

CLAIMS ONLY

**Application Number**

Filing Date

1070

• May be used for additional claims or amendments

CLAIMS	AS FILED.		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5							55					
6		/					56					
7	/						57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15	/	/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20	/						70					
21		/					71					
22		/					72					
23		/					73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
-33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	14						Total Indep					
Total Depend	17						Total Depend					
Total Claims	21						Total Claims					